State of Idaho, Division of Medicaid
Palivizumab (Synagis®) PRIOR AUTHORIZATION FORM
CONFIDENTIAL INFORMATION

Phone: 1-208-364-1829 *One drug per form ONLY – Use black or blue ink* **Fax: 1-208-364-1864**

Patient Name: _____	Medicaid ID#: _____	Date of Birth: _____
Prescriber Name: _____	State License #: _____	Specialty: _____
Prescriber Phone: _____	Prescriber Fax: _____	
Pharmacy/Store #:	Phone:	Fax:

Idaho Medicaid has identified November 17th of the current year through April 17th of the following year as the RSV/Synagis® season. ***Idaho Medicaid follows the American Academy of Pediatrics Guidelines (revised 2003) for administering Synagis®.*** *Palivizumab (Synagis®) will be approved for payment for eligible participants that are currently less than 2 years old and either currently have chronic lung disease, hemodynamically significant congenital heart disease, or based on gestational age have a high risk for RSV pneumonia. Palivizumab will only be approved for payment during the Idaho RSV season and will not be approved for payment for second season prophylaxis unless the participant has chronic lung disease or congenital heart disease requiring medical therapy.*

Medication Requested: Synagis® 15 mg/kg IM x 5 doses

Patient Current Age as of November 1st of this Season:

- ❑ 2 years old
- ❑ 1-2 years old
- ❑ 6-12 months old
- ❑ < 6 months old
- ❑ _____

Diagnosis of Chronic Respiratory Disease Arising in the Perinatal Period (CLD/BPD)? (ICD-9=770.7)

Is patient receiving medical treatment of: ICD-9: _____

- ❑ Oxygen Date: _____
- ❑ Corticosteroids Date: _____
- ❑ Bronchodilator Date: _____
- ❑ Diuretics Date: _____

Diagnosis of hemodynamically significant congenital heart disease (ICD-9=747.0-745.4)? ICD-9 _____

Congenital heart disease medications & last date received**:** _____

Surgical correction? Anticipated date**:** _____

Patient Gestational Age at Birth

- ❑ <29 weeks
- ❑ 29-32 weeks
- ❑ 33-35 weeks
- ❑ _____ weeks

Patient Risk Factors (Please check all that apply) Must have a minimum of 2 to meet AAP Guidelines.

- ❑ congenital abnormalities of the airways
- ❑ severe neuromuscular disease
- ❑ child care center attendance
- ❑ school-aged siblings
- ❑ exposure to environmental air pollutants / tobacco smoke

Is this the first RSV season that the patient will be prophylaxed with Synagis®?

- ❑ Yes
- ❑ No

Prescriber Signature:_____**Date**:_____

By signing, the prescriber agrees that documentation of above indication and medical necessity is in the patient's current medical chart and is available for review by Idaho Medicaid.

For Medicaid Office Use Only

Date: RPh: Tech: PA#

Approved Denied Comments: